STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	005657	A. BUILDING: _____ B. WING _____	R-C 02/20/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANDERS GLEN	334 S CHERRY ST WESTFIELD, IN 46074

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00139714 completed on January 16, 2014. Complaint IN00139714: Corrected Survey Date: February 20, 2014 Facility number: 005657 Provider number: 005657 AIM number: NA Survey Team: Mary Jane G. Fischer RN Census bed type: Residential: 111 Total: 111 Census payor type: Other: 111 Total: 111 Sample: 3 Sanders Glen was found to be in compliance with 410 IAC 16.2 in regard to the PSR to the investigation of Complaint Number IN00139714. Quality Review was completed by Tammy Alley RN on February 25, 2014.	{R 000}		